

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032789

**Entity Name:** THE HEART INSTITUTE OF VENICE, PLLC

**Current Principal Place of Business:**

1370 E VENICE AVE SUITE 102  
VENICE, FL 34285

**Current Mailing Address:**

P.O. BOX 830  
THE HEART INSTITUTE OF VENICE, PLLC  
OSPREY, FL 34229

**FEI Number:** 20-2641604

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIBBITT, RUTHANN M  
1370 E. VENICE AVE  
SUITE 102  
VENICE, FL 34285 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RUTHANN M. SIBBITT

01/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WECKESSER, BARRY J M.D.  
Address 1370 E. VENICE AVE, SUITE 102  
City-State-Zip: VENICE FL 34285

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY J. WECKESSER, MD

OWNER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date